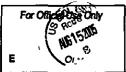
U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U- 9410	2 Fiscal Year Covered From.
	1 / 1 / 2004 Through. 12 / 51 / 2009
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name BONAID & Pa/S	Name LIUNA LOCAT 326 C.
	Labor Organization File Number 043542
PO Box, Bldg , Room No , if any	P O Box, Building and Room Number, If any
Street 316 MOONLAND 57	Street 29 20 SONEMAISINO SUITE B
City VAIIES 0	City VAIIETO CALIFINNIA
State CALIFORNIA ZIP Code +4 9 4590	State CALIFURNIA ZIP Code +4 94590
5 Position in labor organization	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  6. Name and editages of Employee (including tode name if any).  7. a Nature of Interest, Transaction, or income	
6 Name and address of Employer (Including trade name, if any)  Name   Hugh A Sco77	Received a christma Blanket
Trade Name, if any Aim ALGAMATCO BANK	
P O Box, Bldg , Room No , if any	7 b Amount # 38.22
Street 15-UNION SQUARE	# 18·12·L
City NEW YINK	
State W: 10003	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
Signed Henrik II Ous	On <u>9/1/05</u> <u>707 643-7214</u> Date Telephone Number